PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

				(
INSTRUCTIONS: This fo appropriate. All further co- indicated unless corrected maintenance fee notification	rm should be used for tran rrespondence including the below or directed otherwise as.	smitting the ISSU Patent, advance ord in Block 1, by (a)	E FEE and ders and not specifying	PUBLICATION FEE (if red ification of maintenance fees a new correspondence addre	quired). Blocks 1 through 5 will be mailed to the currer ss; and/or (b) indicating a se	should be completed where it correspondence address as parate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of Fee(s) Transmittal. 1 papers. Each addition have its own certification.	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
47390 7590 06/19/2006							
THOMAS, KAYDEN, HOSTEMEYER & RISLEY L 100 GALLERIA PARKWAY SUITE 1750 ATLANTA, GA 30339				LP Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
				Hui Chi	n Barnhill	(Depositor's name)	
				M. Che	Shill	(Signature)	
				Soptem	bon 6.2006	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAME		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/649,436	10/649,436 08/26/2003			en Hsu	252011-1610	5190	
				FFECTIVE INCIDENT LIGH	T .	1	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	09/19/2006	
EXAMINER			Т	CLASS-SUBCLASS			
WILLIAMS, DON J		2878		250-208100			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Thomas, Kayden,				
			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Horstemeyer & Risle				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATEN	T (print or type)			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	clow, no assignee of this form is NOT	data will app `a substitute	pear on the patent. If an assignment.	gnee is identified below, the	document has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
	MICONDUCTOR FURING CO., L	TD.		HSINCHU, TAIW	AN, R.O.C.		
Please check the appropriate	e assignee category or catego	ries (will not be pri	nted on the p	oatent): 🗖 Individual 🕱	Corporation or other private g	roup entity Government	
la. The following fee(s) are	enclosed:	4b	. Payment of	Fee(s):			
				A check in the amount of the fee(s) is enclosed.			
	small entity discount permitte	ed)	Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 20-0778 (enclose an extra copy of this form).				
Advance Order - # o	f Copies		Deposit A	ctor is hereby authorized by c	harge the required fee(s), or ci	edit any overpayment, to tra copy of this form).	
_ ~ .	(from status indicated above MALL ENTITY status. See	,	☐ b. Appli	cant is no longer claiming SM	ALL ENTITY status. See 37 (CFR 1.27(g)(2).	
The Director of the USPTO NOTE: The Issue Fee and P nterest as shown by the reco	is requested to apply the Issurublication Fee (if required) words of the United States Pate	ue Fee and Publicat will not be accepted ent and Trademark	ion Fee (if a from anyon Office.	ny) or to re-apply any previouse other than the applicant; a re	isly paid issue fee to the applic gistered attorney or agent; or	cation identified above. the assignee or other party in	
Authorized Signature	Dent R.	2-1	•	Date Se	/ /	_	
Typed or printed name	Daniel R. Mc	Clure		Registration	n No. 38,962		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.